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CEREBRAL ABSCESS FOLLOWING INJURY OF THE SKULL.

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Murscha, et. 28, a black male, presented himself at the Johanniter Hospital on the 14th of May, 1888, with the following history:

Two years previous, while engaged in a quarrel near Jaffa, he was struck on the head with a heavy staff and left for dead. He regained consciousness after several hours, and from that time to the present has had no sickness of any kind, nor has he had paralysis or pain in the head.

He was in excellent health when he presented himself, being in full possession of all his mental faculties, and complained only of an offensive discharge from the head, which had been of six month's duration.

Examination revealed three sinuses over the right parietal eminence, and necrosed bone was found at the bottom of all of these; so I connected two of them by an incision and removed, by sequestrium forceps, a piece of bone  $2\frac{1}{4}$  inches long by  $1\frac{1}{4}$  inches broad, consisting of both tables of the parietal bone. As soon as this was done between  $1\frac{1}{2}$  and 2 ounces of very offensive brain substance, which had not entirely

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changed into pus, escaped. After carefully washing out the cavity, it was dressed antiseptically, and this was renewed every day.

Two days later, several smaller pieces of the internal table were removed, and the cavity left, after the escape of the diseased brain substance was earefully measured. It was found to be elliptical in shape, being  $2\frac{1}{2}$  inches long by  $1\frac{3}{4}$  inches broad, and 1 inch in depth. The direction of its long axis was represented by a line drawn from the post. inf. angle of the right parietal bone to the middle of its superior border, and its deepest point was just below the parietal eminence.

In a few days healthy granulations had sprung up, and by June 7 the cavity was so nearly filled that the man was allowed to leave the hospital.

It is interesting to note the length of time that elapsed between the receipt of the injury and the appearance of the discharge; and also the entire absence of any paralytic or cerebral symptoms after such a large loss of brain substance.



